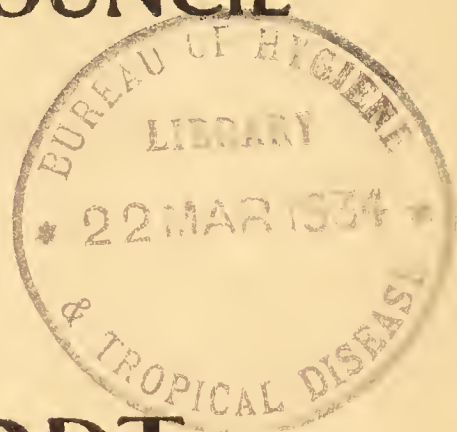




HOLLAND COUNTY COUNCIL

LINCOLNSHIRE.



ANNUAL REPORT

ON THE

County Health Services

PART 1.

Report

OF THE

School Medical Officer

BY

W. G. BOOTH,

M.D., D.P.H.

1933.



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County Health Services

PART 1.
Report
OF THE
School Medical Officer
BY
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1933.

MEDICAL INSPECTION SUB-COMMITTEE 1933.

Councillor W. A. ATTON (Chairman).

Ald. T. W. BANKS	Coun. T. WARRICK
Ald. R. COUPLAND	Mr. E. H. ANDREW
Ald. R. GLEED, D.L.	Mr. H. H. MORRIS
Coun. R. LEGGOTT	Rev. H. SPENDELOW
Coun. A. E. REEVES	Miss E. M. MAPLES
Coun. A. C. RYSDALE	Mrs. B. F. RICE
Coun. R. SALTER	

STAFF OF SCHOOL MEDICAL SERVICE, 1933.

School Medical Officer :—

W. G. BOOTH, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers :—

N. J. ENGLAND, M.B., B.Ch., D.P.H.

ESTHER ASHWORTH, M.B., B.Ch., D.P.H., D.T.M.

School Dental Officers :—

A. W. HENDRY, L.D.S. (Edin.) (Resigned Dec., 1933).

C. A. JOHNSTON, L.D.S. (Edin.) (Appointed Dec., 1933).

R. B. PICKLES, L.D.S. (Birmingham)

Ophthalmic Surgeon (Part Time) :—

T. H. CRESSWELL, Esq., D.O. (Oxon.), M.R.C.S., L.R.C.P.

Aural Surgeon (Part Time) :—

J. J. RAINFORTH, Esq., F.R.C.S. (Eng.)

School Nurses :—

Miss BLACK

Miss PARSONS

Miss LEWIS

Miss PETHYBRIDGE

Miss SPENCER

Miss ROBINSON

Miss O'DONOGHUE (Resigned Sept., 1933).

Miss WELLMAN (Appointed Sept., 1933).

Dental Nurses :—

Miss SIMPSON

Miss TENNEY

Chief Clerk :—

W. INGRAM.

STATISTICS BEARING ON MEDICAL INSPECTION.

Area of County 268,992 acres.

Population of Administrative County (1931 Census) 92,313

Number of School Departments :—

Provided	...	...	...	...	47
Non-Provided	...	...	...	...	39
					<hr/>
					86

Number of Children on Books (31st December, 1933) approx.,
11,117.

Average Attendance, year ending 31st December, 1933,
9,940.

No. of School Attendance Officers on 31/12/1933 ... 6

Cost of School Medical Inspection for year ended
December 31st, 1933 :—

			£	s.	d.
Gross Payments	...	...	3886	6	1
Receipts	...	...	991	15	6
			<hr/>		
Net Expenditure	...	...	£2894	10	7

Grant from Board of Education for year ending 31st
December, 1933 :— £1447 5 3

General Education Rate, 1932-33 (Elementary) 3s. 2d.

Medical Inspection Rate 1.9d. (approx.)

Product of 1d. Rate for Education Purposes £765 (approx.)

Mr. Chairman, Ladies and Gentlemen,

In presenting my Second Annual Report on the work of your School Medical Service during the year 1933, I would like to express my appreciation of the support and confidence reposed in my department by the Education Committee. Many of the actions taken by a School Medical Officer must, of necessity, be emergency in character, and the responsibility attached to these actions is by no means light in character.

Definite progress in the work has been made during the year, and the use of diphtheria immunisation in the schools has not been the least. The need for this will have passed in a few years if the parents of infants take advantage of the offer of the County Council to immunise their children at the age of 1 year. The present practice is certainly having a propaganda value in this respect.

The report deals with several other matters which I believe to be of considerable importance to the health of the children, and I am fully aware that they will receive your earnest consideration.

There is only one important service with which I have not dealt, namely, an orthopaedic scheme. This omission is made with due regard to the facts, as I appreciate that the Education Committee is quite alive to the position and that the treatment and care of crippled children in the county by the Education Committee is only dependent upon the passing of the financial crisis and its resultant wave of drastic economy measures. In view of the splendid results and economical working of the surgical tuberculosis service, it is probable that a much more efficient and much less expensive scheme for dealing with orthopaedic work could now be prepared than was agreed to previously by the Education Committee.

It is with the greatest pleasure that I record my appreciation of the work of the school medical service staff. The County Council is fortunate in possessing such capable and efficient officers.

I am, Ladies and Gentlemen,

Your obedient Servant,

W. G. BOOTH.

Health Department,
County Hall,
Boston.

March, 1934.

REPORT FOR 1933.

I.—Staff.

In December, 1933, Mr. A. W. Hendry, School Dentist for the Southern part of the County, resigned, and Mr. C. A. Johnston was appointed to fill the vacancy.

In September, 1933, Miss E. O'Donoghue, School Nurse, resigned, and Miss B. E. Wellman was appointed in her place.

II.—Co-ordination.

The School Medical Officer is also County Medical Officer of Health and Medical Officer to the Public Assistance Committee.

The School Nurses give only part of their time, and, in their capacity as Health Visitors, visit and report periodically on all children from birth to five years of age.

There is no post in the Public Health service of more interest or value than that of a County Health Visitor. Every service comes within her purview, and, whereas in some areas of the country several visitors of different authorities or bodies visit one family, sometimes on the same day, in the parts of Holland visiting is done entirely by one Health Visitor for every service. The Health Visitor is responsible for visits under all of the following headings :—the new born child, the toddler, the school child, mental deficiency, infant life protection, boarding out, tuberculosis, immunisation against diphtheria, following up defects found by the doctors, or at school visits, infectious diseases and other enquiries, and is responsible for the giving of sound medical advice and securing of treatment for a large percentage of the families in her area. In addition, the School Nurses attend at the School Medical Inspections, and are mainly responsible for the efficient working of the arrangements.

In this way she is enabled to secure first hand knowledge of the physical condition of the children in her area, and by attendance at the various clinics and welfare centres is enabled to use her influence in securing the correction of defects found. It is realised that all this work cannot be carried out to its full measure of efficiency on a basis of one visitor to a population of about 10,000, and the efforts of the nurses to secure as adequate a covering of the work as is possible is fully appreciated. It would, however, be of undoubted benefit to the health of the county if this important service were covered by a sufficient number of Health Visitors.

The Assistant School Medical Officers are also Tuberculosis Officers.

III.—School Hygiene.

Teaching of
Hygiene.

The development of water supplies in the rural areas is not a matter for this report, but it is certainly having an effect upon school hygiene. The Education Committee are acting in a wise and economical manner in the provision of water carriage systems into those schools connected to a main water supply. This will mean in the course of a few years that a large number of objectional vault systems will be abolished, and children will grow up to expect proper sanitary accommodation in their own homes. Quite apart from the hygienic and aesthetic viewpoints, there is no doubt that water carriage systems ultimately show saving financially. The cost of cleaning, emptying and repairing the vault and pan systems is a recurring expense, which is practically abolished by the water carriage system. I would suggest that wherever water carriage systems are installed, the Education Committee might bear in mind the possibility of securing the transfer of the sanitary accommodation to the main school building, or alternatively to make some easy covered access from the school to the buildings. The vault system had to be away from the main building, perforce, but these reasons do not hold good with the water carriage systems, and on the grounds of convenience, not only of access but of cleaning, it would be a distinct advantage to incorporate the buildings with the schools. In many schools there are central heating systems and, by taking the sanitary block into the school, damage by frost might be avoided.

The Medical Officer's report in detail upon the sanitary conditions of all schools at each routine inspection, and all defects found, together with suggested remedies, are brought to the notice of the persons responsible.

The use of floor cleaning preparations is becoming more prevalent in the county, and is a practice to be highly commended.

School
Cleaning

Improvements

SCHOOL.	WORK DONE.
Deeping St. Nicholas Middle Township Council... ..	Partition in large Classroom.
Donington Cowley's Endowed	Water supply from mains of Spalding R.D.C.
Fleet Wood Lane Council ...	Water supply from mains of East Elloe R.D.C.
Fleet Wood Lane Council ...	Bathroom and fittings in Teacher's House.
Gedney Church End Council.	Water supply from mains of East Elloe R.D.C.
Gedney Dawsmere Council ...	Teacher's dwelling house demolished and new house erected.
Gedney Dyke Council	Water supply from mains of East Elloe R.D.C.
Holbeach Boys' Council	Playground wall rebuilt.
Holbeach Boys' Council	Bathroom and fittings in Teacher's house.
Holbeach St. Luke's Council ...	Improvements to central heating system.
Kirton Holme Council	Cycle Shed.
Quadrang Fen Council	New wash bowls connected to piped water supply.
Spalding Council	Improvements to Drainage of Infants' Department and Cookery Centre.
Spalding Goodfellows'	Additional new asphaltting to playground.
Spalding St. John Baptist ...	New central heating system.
Surfleet Sea's End Council ...	Bathroom and fittings in Teacher's House.
Sutterton	Improvements to water supply.
Sutton St. Nicholas' Council ...	Installation of Electricity.
Whaplode Saracen's Head Cl.	Water supply from mains of East Elloe R.D.C.
Whaplode Shiphay Stow Cl. ...	Extensions to central heating system.
Wrangle Council	Partition in Main Room.

Desks

I am indebted to the Director of Education for the following figures, which show the numbers of modern desks and kindergarten furniture which have been supplied to Elementary Schools in the County during the past seven years :—

Year	New Desks	Kindergarten	
		Tables	Chairs.
1927	90	40	40
1928	61	52	104
1929	125	Nil.	Nil.
1930	336	Nil.	6
1931	270	Nil.	Nil.
1932	171	Nil.	Nil.
1933	274	Nil.	6

IV.—Medical Inspection.

As in previous years, the following groups of children were examined :

- (a) All children within 12 months of their entry into school ;
- (b) All children within 12 months of attaining their eighth birthday ;
- (c) All children within 12 months of attaining their twelfth birthday.

These are routine groups, and, in addition, special cases submitted by parents or teachers were examined, irrespective of age, together with all children found to be suffering from defects at the previous inspection or who were absent from such inspection.

Dull and backward children and those suspected of mental defect are submitted to a special examination.

Number of
Visits

All schools in the County, both Urban and Rural, were visited twice during the year by the Medical Officers.

One hundred and twenty-eight special visits were also paid in connection with outbreaks of infectious disease, sanitary defects, etc.

Re-examina-
tions, etc.

The figures for specials and re-examinations are also shown in Table I., on page 41.

V.—Findings of Medical Inspection.

It is with great regret that I have to report an increase in the figures for uncleanness. 1,105 children were found to be unclean in head or body or both. This figure shows an increase of 334 on that for the previous year. One prosecution was undertaken for uncleanness in the hope that the press would give publicity to the question in the public interest ; in this we were disappointed. It is realised that lice and nits are an unsavoury topic and have little press value, but prosecutions without publicity in these cases is disappointing. Possibly the public are not aware that typhus fever, relapsing fever and trench fever can be conveyed by the bite of a louse ; that a female lays some 120 eggs within a fortnight, attaching them to the clothes and the hair, and that they hatch out in about 10 days. As they become sexually mature in about a fortnight, it can be seen that the eradication of these vermin is a matter of some importance to the public welfare. Any child infested is given a card on which are full instructions for the removal of all traces of nits or lice, and only neglect and apathy on the part of some parents is responsible for the continuation of these disgusting vermin. It is grossly unfair to the parents of clean children that dirty children should be associating with them. The figures for recent years have shown a welcome decline in the numbers, and there is little doubt that this decline is mainly the result of the efforts of the School Nurses. It would now appear that the increase in duties of the Health Visitors is not allowing for the same amount of supervision and following up of these cases. The number of notices sent to parents to cleanse their children was 907, as opposed to 938 in the previous year, and 504 home visits were paid by the nurses in connection with pediculosis examinations. The nurses also made 36,724 examinations in the schools during routine pediculosis inspections, and the average number of visits in connection with this work was six (6).

Nutrition

The number of children found to be suffering from malnutrition was 13, an increase as compared with the previous year.

There is no question at the present time which interests the intelligent public more than that of nutrition. The reports of the Ministry of Health on diets, and the British Medical Association on nutrition, have created a desire for information on this subject which, it is hoped, will take it out of the realm of discussion into one of fact and scientific assessment. In this County we are in a somewhat fortunate position in having for comparison with present standards the figures of Dr. Tuxford in his school reports for the few years preceding 1914. One of the standards generally accepted for heights and weights of school children is that of Drs. Tuxford and Glegg, which was based upon the combined figures for the Lindsey and Holland divisions at that time (1911), and these figures have been utilised extensively in a considerable amount of work on nutrition in the past.

One of the Assistant County Medical Officers (Dr. N. J. England), has been carrying out research work among the school children in the County, and in the course of this work, he drew my attention to an apparent increase in the heights and weights of the children as compared with the figures given by Dr. Tuxford. The number of children examined was small, and it was therefore decided to institute measurements upon exactly similar lines to those of Dr. Tuxford for all school children attending for routine medical inspection. The taking of heights and weights had been discontinued by Dr. Tuxford in 1914 owing to the large amount of work entailed, and the impossibility of obtaining assistance to carry on with the work. This is a matter for considerable regret, as a continuous record of heights and weights over the last 20 years might have provided material which would have assisted us greatly in the allocation of responsibility for any changes that have taken place.

The following figures show the heights and weights as taken by Dr. Tuxford, giving an average for 1910—1913, and in addition the results, based on children in the same area and under similar conditions regarding measurement for 1933.

In order to obtain sufficient figures for accurate comparison, only the ages $5\frac{1}{2}$ years and $12\frac{1}{2}$ years are given.

	Height (inches)		Weight (lbs.)	
	1910—1913 (average)	1933	1910—1913 (average)	1933
Boys Age 5½ 12½	41.4 55.4	43 56.8	39.5 74.9	42.4 80.1
Girls Age 5½ 12½	41.0 56.2	42.9 57.7	38.3 76.5	40.5 81.4

This may be expressed in two ways, either as a percentage increase in height and weight, or as a comparison with the heights and weights at similar ages in the 1910—1913 figures.

In the first instance our results show that for boys there has been an increase in height of about 4%, and weight of about 7%, and that for girls there has been an increase in height of about 5% at 5½ years and 3% at 12½ years, with an increase in weight of about 6%. If we put this in the alternative form it means that the child aged 5½ to-day has the stature of the child aged 6½ in 1913, and that the child aged 12½ to-day has the stature of the child aged 13½ in 1913 in this area.

The first thing that strikes one about these figures is that the increase in stature took place before the child commenced school life, and this increase was only maintained for the duration of its school life. No further increase took place. One cannot therefore attribute to the school medical service any credit for this change. In fact, considering the absence of the provision of hot mid-day meals, or milk schemes at rural schools, at which a large percentage of children must perforce remain for the luncheon interval, it is not really to be anticipated that any change would be found.

Another important point which is being more fully developed by Dr. N. J. England is that the normal child of 1913 would, by the standards of to-day, be considered to be a case of malnutrition. Might this mean that the child of to-day will, in the light of standards of 1953, also be considered to be a case of malnutrition, or have we reached the pinnacle of possible physical development of our children ? At least it is certain that the measurement of children by age standards is not a scientific assessment, for here we are definitely faced by the fact that the physique varies over a period of years to such a degree as to completely falsify any judgement based upon figures at certain ages during previous years. A new nutrition standard for children is needed which must be based on a formula that will not only eliminate age grouping, but will also be adjustable to contemporary and local standards.

The next consideration is the reason for this alteration in physique, and here I am of opinion that a number of factors have played a part. The most important is the changed economic position of the agricultural labourer. (For the following information I am indebted to Mr. H. L. G. Gethin, Secretary of the Holland County Branch of the National Farmers' Union).

“ In 1914, the ordinary labourer received a wage of 16/6 per week for about 58 hours. To-day the legal minimum wage is 32/6 for 50 hours in summer and 48 hours in winter. In addition there are piece work and harvest earnings, which bring the total up to an average of about 38/- a week. Apart from this many farmers pay more than the legal minimum wage. On the other hand, the national cost of living figures only show an advance of 43% over the level of July, 1914. That figure is inflated by the fact that it includes rent and rates, which in industrial areas have advanced very steeply to about 17/- per week for working class dwellings. A great proportion of the agricultural labourers in Holland live in cottages on the farm, for which they only pay a rent of 3/- per week, including rates. Their cost of living is therefore much less than 43% above pre-War. In addition they receive free, or cheap potatoes and other perquisites. The agricultural labourer is mainly concerned with food and clothes, both of which cost very little more than in pre-War days.

If there were any doubt as to the improvement in the general conditions under which agricultural labourers live, it would be resolved by their appearance, particularly in the case of the women, who are now well and even smartly dressed, and have a general appearance of well being.

The fact of smaller families no doubt contributes something to this happier state of things."

The increased available money has undoubtedly been mainly spent on a better and more varied diet, and healthier clothing for the family. It is of interest at this point to report that, as a result of the British Medical Association enquiry into nutrition, it was found that prices of foodstuffs in rural areas (and I have confirmed this in Holland) are higher than the prices in industrial areas. No doubt this is due to the centralisation of markets, the development of the sale of proprietary articles of food, and the cost of distribution to the rural areas, but it lends considerable support to the view that the rental of agricultural labourers' cottages must be kept at the lowest possible level, if the nutrition of the family is not to suffer.

What are the other factors which have played a part in this improvement of physique? One has been mentioned by Mr. Gethin, namely, the reduction in size of the family. Undoubtedly this is an important factor for money can go further in a family of 3.7 persons (1931) than it can in one of 4.2 persons (1911).

Finally there is little doubt that education has had an influence, not only on the mothers and so led to a realization of the importance of proper feeding of babies and children, but also upon the community as a whole. There is a broader outlook and a deeper interest in the welfare of children by all classes of society, which has had a far reaching effect upon wages, housing, sickness and every form of communal advancement. The formation in Boston during the year of a Women's Society, and in other parts of the County of Women's Institutes, to discuss matters of public interest, and to have lectures from experts on various phases of public life is a sign of the rapidly developing influence of women as a result of education,

V.—Tonsils and Adenoids.

Tonsils and Adenoids

Enlargement of the tonsils only was found in 348 cases, but of these only 38 (11%) required operative treatment.

Eighteen children were found to be suffering from adenoid growths and three of these required treatment.

There were 239 cases where both enlarged tonsils and adenoid growths were present, and of the total number 38% needed operative treatment.

It will be noted that out of 9310 children under inspection during the year, only 154 received operative treatment for enlarged tonsils and/or adenoids. This small number is an indication of the conservative attitude adopted by the Medical Officers. No child is sent for operation until dental sepsis has been eliminated and breathing exercises have been given a trial. This practice has been found to reduce considerably the number requiring treatment. All cases operated on are examined by the medical officer as soon as possible after operation, and again at school inspection until a period of twelve months has elapsed. A survey of a sample of 900 children between the ages of 9 and 14 showed that 106 had had their tonsils removed; a percentage of 11.8. In respect of operative risks 509 cases were followed up. These children had received the operation by the same Surgeon, but two Hospitals were involved. The cases were evenly divided, 266 at Boston, 243 at Spalding. The percentage of total complications were 4% at Boston and 5% at Spalding. Yet it is interesting to note that at Boston 24% had a rise of temperature lasting over 3 days after the operation and only 3% at Spalding. The "complications" scheduled were measles, persistent deafness or otorrhoea, persistent cough, jaundice, septicaemia, scarlet fever, haemorrhage, protracted adenitis. In view of the seriousness of the complications, the conservative attitude of the medical officers receives adequate justification.

Tuberculosis

There were 13 children whose condition was such as to warrant further investigation, and all these cases were referred to the Tuberculosis Dispensaries for supervision and provision of extra nourishment where considered necessary.

One new case of tubercular glands of neck was also discovered, and five cases were referred for observation.

External Eye
Disease.

Conjunctivitis and/or blepharitis was discovered in 60 children, 45 of whom were recommended for treatment.

In many cases of minor ailments the parents are unable, owing to financial circumstances, to consult a doctor. Consequently, treatment is frequently undertaken by the School Nurses, with very satisfactory results.

Defective
vision and
squint.

One hundred and sixty-two children were found to be suffering from visual defects of such a nature as to require examination by an ophthalmic surgeon, and they were consequently referred for the necessary treatment. One hundred and fifty-two children whose visual defect was very slight are being kept under observation in order to ascertain whether the defect is of a progressive nature or not.

There were 19 children found to be suffering from squint, and all of these were referred for special treatment.

The placing of a plus 1 sphere before the reading eye, as advised by the Report of the Committee of Enquiry into Problems connected with Defective Vision in School Children, was carried out by the School Medical Officers. The practice has been found of considerable value and is being continued.

Defective
hearing and
Ear Disease

These conditions were found in 54 cases, and, of this number, 24 were sufficiently serious as to require treatment, and were consequently referred for the same.

In October, 1933, the Education Committee approved the following additional arrangements with Mr. Rainforth, the Committee's Aural Surgeon, for the prevention and treatment of deafness :—

For each consultation at Mr. Rainforth's Surgery a fee of £1/1/0. For each child receiving operative treatment in Hospital a fee of £1/11/6 (or £1/1/0 in the case of a voluntary contributor) to be paid to the Hospital, and the usual maintenance charges of the Hospital in addition, if a patient has to be retained longer than one night.

Dental defects

See page 25.

VI.—Infectious Diseases.

An extensive outbreak of influenza occurred in the County, extending from December, 1932, to February, 1933, in which schools in every part of the County were involved. The outbreak was so rapid and extensive that it was found necessary to close 42 schools for periods of one to two weeks. Fortunately the infection was not virulent in type, and recovery was rapid. The following table gives full particulars as to school closure during the year :—

School	Disease	By whom closed	From	To
Brothertoft Hedgehog Bridge	Influenza	S.M.O. ..	19th Jan...	30th Jan.
Sutton St. Nicholas..	Influenza	" ..	19th Jan...	30th Jan.
Long Sutton Infants	Influenza	" ..	19th Jan...	30th Jan.
Spalding Council Senior .. .	Influenza	" ..	19th Jan...	30th Jan.
Benington	Influenza	" ..	19th Jan...	30th Jan.
Fishtoft	Influenza	" ..	19th Jan...	30th Jan.
Butterwick Girls and Infants	Influenza	" ..	20th Jan ..	30th Jan.
Butterwick Boys ..	Influenza	" ..	20th Jan...	30th Jan.
Long Sutton Senior Gosberton Clough and Risegate ..	Influenza	" ..	23rd Jan ..	30th Jan.
Crowland Junior ..	Influenza	" ..	24th Jan...	1st Feb.
Cowbit	Influenza	" ..	23rd Jan...	30th Jan.
Weston Marsh ..	Influenza	" ..	23rd Jan...	30th Jan.
Gedney Church End	Influenza and Mumps ..	" ..	24th Jan...	6th Feb.
Gedney Dawsmere ..	Influenza	" ..	24th Jan...	1st Feb.
Spalding Council Junior	Influenza	" ..	24th Jan...	1st Feb.
Spalding Willesby ..	Influenza	" ..	24th Jan...	1st Feb.
Weston St. Mary ..	Influenza	" ..	24th Jan...	1st Feb.
Amber Hill	Influenza and Measles ..	" ..	24th Jan...	6th Feb.
Spalding Parish Church Day Senior	Influenza	" ..	25th Jan...	1st Feb.
Spalding Parish Church Day Infants	Influenza	" ..	25th Jan...	1st Feb.
Swineshead Cowleys Senior	Influenza	" ..	25th Jan...	1st Feb.
Spalding St. John Baptist	Influenza	" ..	25th Jan...	1st Feb.
Deeping Middle Township	Influenza	" ..	25th Jan...	6th Feb.
Weston Hills.. ..	Influenza	" ..	25th Jan...	6th Feb.
Gedney Drove End ..	Influenza and Mumps ..	" ..	27th Jan...	6th Feb.
Spalding Goodfellows	Influenza	" ..	27th Jan...	6th Feb.
Whaplode Drove ..	Influenza	" ..	31st Jan...	6th Feb.
Deeping N. Township	Influenza	" ..	31st Jan...	6th Feb.
Whaplode St. Catherines	Influenza & Whooping Cough ..	" ..	30th Jan...	13th Feb.
Wrangle Lowgrounds	Influenza and Mumps ..	" ..	1st Feb...	8th Feb.
Pinchbeck West ..	Influenza	" ..	31st Jan...	6th Feb.
Sutton St. James ..	Influenza	" ..	1st Feb...	13th Feb.
Moulton Sea's End..	Influenza	" ..	2nd Feb...	13th Feb.
Holbeach Girls ..	Influenza	" ..	3rd Feb...	13th Feb.
Holbeach Infants ..	Influenza	" ..	3rd Feb...	13th Feb.
Holbeach St. Luke's	Influenza	" ..	6th Feb...	13th Feb.
Holbeach St. Matthew's	Influenza	" ..	6th Feb...	13th Feb.
Moulton Village Council	Influenza	" ..	24th Jan...	28th Jan.
Gedney Dyke	Influenza	" ..	8th Feb...	13th Feb.
Sutton Bridge Senior	Influenza	" ..	9th Feb...	16th Feb.
Sutton Bridge Junior	Influenza	" ..	9th Feb...	16th Feb.

Fifty certificates were given where attendance at schools had fallen below 60 per cent. owing to the prevalence of epidemic disease.

Bacteriological work

Swabs from throats and/or noses of contacts and suspicious cases were examined in the County Laboratory, and, of the 109 so examined, 17 were found to be positive.

Diphtheria

The story of the diphtheria outbreak at Donington and Bicker, whilst touched by the tragedy of the death of a school child, and tramelled by the deficiencies of the present system of divided public health control, is, nevertheless, one full of hope for the future. As a result of this epidemic there is every reason to anticipate the elimination of diphtheria from the County. In addition, if advantage is taken of our experience and pioneer work, then the scourge of this foul disease may be wiped out of the country. In December, 1932, a number of sore throats was notified from the Donington Junior School, the School Nurse visiting and inspecting the children. One swab was taken and was returned as negative. Seven cases of diphtheria were notified in the area. During the month, four further swabs were taken from school children, and all of these were negative. In January, 1933, 11 more cases of diphtheria were notified in the area, and continuous supervision was made of the Donington and Bicker Schools. Eighteen swabs were taken, all of which were again returned as negative. On the 17th January the School Medical Officer ordered the exclusion of all children coming by motor 'bus from Bicker to Donington Senior School for 14 days. The epidemic showed no signs of abating as a result of the measures thus taken.

In February, 1933, 9 more cases were notified as suffering from diphtheria. The Schools were being visited almost daily, 38 swabs were taken from the two areas, and 14 were returned as positive. These positive cases were all excluded from school, and their own doctors notified. In view, however, of the continuance of the epidemic, it was felt that the measures taken were inadequate. On the 28th February, a child died as a result of diphtheria, and the Vicar of Donington appealed to me as County Medical Officer of Health to take up the matter of co-operation between the authorities concerned. The difficulties that were being experienced were mainly legal ones, for, whereas the

School Medical Officer had the responsibility for the supervision of the health of the children in the School, he had none for the health of the children out of the School, this being the responsibility of the Medical Officer of Health for the Local Sanitary Authority. Again, whilst epidemics mainly occur among school children, the legal power to deal with epidemics rests not with the School Medical Officer, but with the Medical Officer of Health for the District concerned. With these factors in mind, I approached the Medical Officers of Health of the two areas concerned, and they offered their co-operation in any steps which might terminate the epidemic. It was decided to hold a Public Meeting at Donington on March 10th, to which were invited the parents of all school children in the areas affected. Bills were posted inviting the public to attend. At the meeting I explained the causes of diphtheria in simple language and offered immunisation to any one in the area free of all charge. The Medical Officers of Health of the two areas supported me, and the local practitioners also advised the public to avail themselves of the offer. On the following day acceptance forms were given to all the children at the schools, and as a result the following acceptances were obtained :—

Donington Cowley's Senior	...	89	(94%)
Donington Junior	... ..	80	(64%)

This was followed up by a meeting at Bicker, and a similar procedure was adopted.

Immunisation was commenced at the Schools and at the Donington Clinic ; meanwhile an application had been made to the local authorities concerned to meet the costs incurred in this work, as the Education Committee were unable legally to do so. Whilst one authority readily agreed, the other at first demurred, and was not prepared to co-operate. It appeared, at this juncture, as though we might be forced to discontinue the immunisation, but, as a result of negotiation, the second authority reversed their previous decision, and we were able to continue the immunisation to its conclusion. It proceeded through March and April, and retesting was carried out in December. In March, the number of notified cases of diphtheria was 5, and out of 15 swabs taken in schools, 1 was returned positive.

In April, 2 notifications of diphtheria were received, one of which had received immunising treatment, but had not been retested. This case was so mild that considerable doubts arose in the minds of the practitioner and of the Superintendent of the Isolation Hospital as to whether this was actually a true case of clinical diphtheria.

In May, 1933, one case of diphtheria was notified, this being a child of seven whose parents had refused immunisation.

Since that date no further case have occurred, and, in view of the results of the retesting, it is most improbable that any further cases will occur.

In all, there were 35 notified cases and 15 carriers found in the schools, and with the high percentage of Schick positives (82%) found, and the number of carriers, there is little doubt that, without the immunisation, the epidemic would have continued for some time. As a result of the difficulties inherent in a system of divided control, a scheme of immunisation has now been evolved by means of which every child will be offered immunisation at the age of one year, and thus an immune population will, in a few years, be entering the schools. This has been done under the provisions of the Maternity and Child Welfare Act. For this Act the County Council is the authority for the whole of the County except the Borough of Boston (where the same scheme has also been adopted).

Under present conditions, there is little doubt that the presence of an epidemic of diphtheria will secure a good percentage of acceptances, and that the first notification of a case of diphtheria in a school should be the signal for an immediate immunisation of all children whose parents are willing to have them protected. The cost (about 1/- per child) is very small, the immunisation very rapid, at most a few weeks, and reactions in school children are negligible if T.A.F. is used. The difficulty is a legal one and I would suggest that, in the light of modern knowledge, the law is lagging behind the will and interest of the people, and should be altered to make immunisation in schools a matter for the discretion of the Education Committee.

It might be argued that the Education Committee are not concerned with the control of infectious diseases, but it can equally well be argued that they are very much concerned with the general health of the child, and if immunisation is regarded as a means of supplementing the child's resistance to disease, then it should logically come into the same category as school meals, good ventilation and physical exercises.

In November, two cases of diphtheria occurred at Moulton Sea's End School. I immediately communicated with the Medical Officer of Health for the area concerned offering immunisation to the whole school, and the authority being approached from other sources, agreed to our undertaking the work. Meanwhile another case had occurred, which unfortunately terminated fatally. Within 48 hours of agreement being secured, immunisation was undertaken, and an acceptance of 95% was obtained. Here again the practitioner for the area concerned was instrumental in giving us the most valued support. Since immunisation no further cases of diphtheria have occurred at this school.

As a result of our experience at Donington, we know that the rural schools have a very high percentage of Schick positives ; it is therefore not necessary, in my opinion, to Schick Test. Much valuable time is lost, expense incurred, and needless injections are given by Schick testing under the conditions obtaining in rural schools. Our practice is to give two 1 c.c. injections of T.A.F. at one month's interval, and our results are eminently satisfactory. It is possible that retesting will also be discontinued on the same grounds as testing, at a later date.

Jaundice.

An interesting outbreak of epidemic catarrhal jaundice occurred at Moulton Chapel during the year. In almost every way it conformed to the usual type of outbreak of this interesting epidemic disease. One unusual feature was the number of adults affected, in fact, it was only by the keen clinical acumen of Dr. Martyn, the practitioner in the area, that the disease was spotted and reported to this department. I am also indebted to Dr. Martyn for most of the information I was able to obtain about the outbreak. The first intimation we received of the disease was that a school teacher at Moulton Chapel School was jaundiced and still continuing her duties ; she was immediately taken off duty and a full

investigation made. This was on 21/10/33. It was then found that seven cases had occurred prior to this date, but had either been treated at home and regarded as non-infectious, or had been adults who had not come to the notice of the school authorities. We immediately looked up our previous records of epidemic catarrhal jaundice in the County, and the only reference to be found was one dealing with an outbreak in a neighbouring village in December, 1929, and another in a village about the same distance away (4 miles) in December, 1930. Does this indicate a carrier? It is certainly remarkable that in no other part of the County should this disease appear over a considerable period of time. The research carried out in this disease would certainly indicate that it is a virus disease. Professor C. E. Okell, of University College, London, with whom I communicated on the subject, kindly suggested several lines of enquiry into the causation of the disease, but, owing to the lack of laboratory assistance, I was unable to pursue these investigations. A reminder was sent to all head teachers that cases of jaundice should be notified to the School Medical Officer, but no cases were notified from any other area. One interesting clinical note was the presence of peeling in several cases reported by Dr. Martyn; as far as I am aware, this has not been reported in previous literature on the disease.

The total number of cases reported up to the 19th November, 1933, when the epidemic appeared to terminate, was thirteen, and a brief resumé of the cases is appended.

- 1.—Age 10, onset of jaundice 17/7/33.—Abdominal pain, nausea.
- 2.—Adult, onset of jaundice 16/9/33.—Sick, temperature, tender abdomen—jaundice 8th day.
- 3.—Age 20, onset of jaundice 18/9/33.—
- 4.—Age 20, onset of jaundice 18/9/33.—Peeling on hands, 23/11/33.
- 5.—Age 10, onset of jaundice, 25/9/33.—Abdominal pain, sickness.
- 6 —Age 23, onset of jaundice 27/9/33.—
- 7.—Age 15, onset of jaundice 3/10/33.—Bilious 2 or 3 days. Jaundice 3rd October.

- 8.—Adult, onset of jaundice 21/10/33.—Abdominal pain 20th. Heavy and tired 18th.
- 9.—Age 10, onset of jaundice 25/10/33.—Found by Nurse in school jaundiced.
- 10.—Age 13, onset of jaundice 31/10/33.—Ill 27th October.
- 11.—Age 16, onset of jaundice 31/10/33.—Chill—rigor 26th October—sick 31st—peeling of hands, legs and feet 22/11/33.
- 12.—Age 20, onset of jaundice 6/11/33.—Pains in back 29th October. No temperature, 31st more severe. Temperature 102. Nov. 4th urine bile stained, vomiting, hematemesis. Nov. 6th jaundice—no temperature. Blood film taken Nov. 7th. Parotitis developed 18/11/33 lasted 1 week. Hands peeled 22/11/33.
- 13.—Age 25, onset of jaundice 19/11/33.—Feverish, sick, abdominal pain. Sickness until Dec. 1st—at intervals—jaundice 30/11/33.

The attack of parotitis may not have been due to the epidemic catarrhal jaundice, but in view of probable virus causation of the jaundice it was an interesting clinical fact. Why this disease, which has such a long incubation period, can so quickly reduce school attendances and can cause such severe symptoms is not made notifiable in all schools throughout the country, as is done in the County of Surrey, it is a little difficult to understand. The recent work of Professor Laidlaw on influenza transmission in ferrets would certainly seem to have opened up the field of experimental inquiry into virus diseases, and this would appear to be one of the diseases which might be tackled on these lines.

VII.—Following Up.

Visits.

Visits to the number of 5,957 were paid to children suffering from defects found at routine inspections or by the School Nurses.

The Nurses also made 36,724 examinations and 504 visits to houses for the detection and prevention of uncleanness. The average number of visits per school in connection with this service was 6.

VIII.—Medical Treatment.

Clinics, etc.

The following table shows the cases treated by the nurses at Clinics and Schools in the area. These figures also include a few cases treated at home.

Number of cases				Number remedied	
Scabies	...	...	2	2	
Impetigo	...	...	150	145	
Ringworm	...	...	29	27	
Other skin diseases			111	101	
Blepharitis, styes,					
etc.	...	...	99	91	
Otorrhoea, etc.	...		41	35	
Minor Injuries,					
Sores, Boils, etc.			255	232	

Note :—In addition, 132 children suffering from debility, defective vision, etc., were examined and referred for appropriate treatment.

School Clinic,
Spalding

This Clinic is situated at the rear of the Education Offices at Spalding, and is open on Tuesday and Saturday mornings each week. Much use is made of this Clinic by teachers in the town, and minor ailments are dealt with expeditiously. During the year 350 children were dealt with, the number of attendances being 516. The Clinic is also used by the School Dentist as a treatment centre for the Spalding Schools.

School Clinic,
Donington

This Clinic was open throughout the year, and during that time 117 children were treated, making in all 190 attendances.

Vision.

The treatment for visual defects is provided by the Committee by means of clinics held at Boston and Spalding. Twenty-six (26) clinics were held during the year, twelve (12) at Boston and fourteen (14) at Spalding.

Nine hundred and seven attendances were made at these Clinics by 410 children and, in 331 cases, glasses were prescribed. In a number of cases the spectacles being worn were satisfactory and no change of lenses was required. Frame repairs and replacements have been carried out through the department in 73 cases.

The spectacles provided were paid for by the parents in 281 cases. In 21 cases the cost was remitted wholly or in part by the Committee, and 29 cases were standing over at the end of the year.

Proceedings were taken in the County Court in 7 cases for the recovery of the cost of spectacles.

Mr. T. H. Cresswell, Ophthalmic Surgeon, reports that he has had a total of 420 cases under his care. These have been classified as follows :—

Hypermetropia and Hypermetropic Astigmatism	110
Myopia and Myopic Astigmatism	104
Mixed Astigmatism	41
Concomitant Internal Squint	93
Nystagmus	3
Phlyctenular Disease	2
Retinitis Pigmentosa	2
Corneal Opacities	8
Cataract	2
Choroiditis, old	3
Optic Neuritis	1
Divergent Strabismus	6
Blind or partially blind (N.B. Mother and two children suffering from same condition, namely, Aniridia)	5
Suppurating Dacryocystitis	1
Conical Cornea	1
Amblyopia Exanopsia	2
Minor ocular defects, Blepharitis, Conjunctivitis, etc.	36

Of the 420 cases, two were suffering from Cataract, two from Corneal Ulcers and twenty-seven from Concomitant Internal Strabismus.

Glasses were ordered in most cases with the exception of the 36 cases of minor ocular defects, Blepharitis, Conjunctivitis, etc.

Twelve operations have been performed for the cosmetic cure of squint and it is believed that these have generally given great satisfaction.

Tuberculosls

Three hundred and twenty-three (323) visits were paid by school children to the Dispensaries at Boston, Spalding, and Donington. Seventeen children received treatment at out-County Sanatoria, six being pulmonary and 11 non-pulmonary cases, whilst 11 cases were admitted to the Holland Sanatorium.

Tonsils and
Adenoids

During 1933, operative treatment for enlarged tonsils and/or adenoids was carried out at Boston, Spalding, King's Lynn, and Peterborough, as part of the Committee's scheme. The arrangements work very smoothly.

This scheme provides for children remaining in hospital for one or more nights after the operation, at the discretion of the operating surgeon. On their return home children are kept under the direct supervision of the School Nurses, who advise parents as occasion may require. In order to ensure that the operation has been successfully performed, an examination is finally made by one of the Medical Officers.

Children to the number of 130 received operative treatment under the Committee's scheme. Twenty-seven children also received treatment other than under the Committee's scheme.

Dental Defects

During 1933 our efforts on the dental side of the school medical work have been directed towards obtaining a higher percentage of acceptances. The following lines of action have been undertaken :—

1. Acceptance forms are now worded in such a manner as to make the acceptance permanent throughout school life instead of being an acceptance for the treatment immediately required.
2. Visits have been made by me to schools having a low acceptance rate. Interviews with head teachers and talks to the children regarding the need for dental hygiene have been undertaken.
3. The Dental Board have sent two lecturers and their exhibit has been shown in Spalding and Boston schools.
4. More local anaesthetics for fillings are being undertaken.

It is, as yet, too early to report upon the success or otherwise of these measures.

There is still a marked difference in acceptances of dental treatment at various schools, as the following table shows :—

		No. inspect- ed.	No. referred for treat- ment	No. actually treated	Percentage actually treated
1.	Fleet Fen	62	56	56	100
2.	Whaplode Drove	18	18	13	72
3.	Bicker	73	71	46	65
4.	Spalding Willesby	164	142	91	64
5.	Amber Hill	75	65	41	63
6.	Weston Hills	24	22	13	59
7.	Wrangle Lowgrounds	77	67	35	52
8.	Sutterton	62	54	28	52
9.	Gedney Drove End	109	94	47	50
10.	Wyberton	36	34	17	50
11.	Holbeach St. Lukes	88	69	34	49
12.	Donington Junior	135	115	56	49
13.	Brothertoft Hedgehog Bridge	55	48	23	48
14.	Fishtoft	111	88	41	47
15.	Gosberton Clough	120	108	50	46
16.	Spalding St. Norberts	53	49	22	45
17.	Swineshead Junior	98	74	33	45
18.	Sutton Bridge Junior	104	90	40	44
19.	Butterwick Girls	161	131	58	44
20.	Holbeach St. Matthews	49	35	15	43
21.	Pinchbeck Fen	39	29	12	41
22.	Old Leake Church End	76	58	24	41
23.	Kirton Marsh	67	61	25	41
24.	Gosberton Council	223	187	76	41
25.	Cowbit	104	92	37	40
26.	Quadrang Fen	70	60	24	40
27.	Kirton Senior	286	216	84	40
28.	Whaplode C. of E.	96	87	34	38
29.	Tydd St. Marys Junior	34	32	12	38
30.	Wigtoft	45	40	15	38
31.	Holbeach Boys	220	160	61	37
32.	Brothertoft Barley Sheaf	81	72	26	36
33.	Spalding St. Matthews	75	67	24	36
34.	Spalding C. of E. Infants	106	96	34	35
35.	Holbeach St. Marks	99	85	30	35
36.	Kirton Junior	83	71	25	35
37.	Fosdyke	76	66	23	35
38.	Pinchbeck East	155	142	49	35
39.	Donington Senior	102	79	27	34
40.	Tydd St. Marys Senior	104	83	28	34
41.	Long Sutton Senior	299	253	85	33
42.	Holbeach Girls	189	168	56	33
43.	Quadrang Cowley	92	81	27	33
44.	Spalding Goodfellows	145	133	44	33
45.	Moulton Village	97	85	28	33
46.	Old Leake Common Side	143	125	41	33

					No. inspect- ed	No. referred for treat- ment	No. actually treated	Percentage actually treated	
47.	Holbeach Infants	...	...		97	...	83	...	33
48.	Kirton Holme	...	...	...	127	...	114	...	32
49.	Sutton Bridge Senior	...	...		337	...	279	...	32
50.	Long Sutton Junior	...	...		95	...	82	...	32
51.	Spalding St. John Baptist	...	...		191	...	179	...	31
52.	Deeping North Township...	...	...		56	...	48	...	31
53.	Sutton St. James	...	...		173	...	147	...	31
54.	Frampton	...	...	...	38	...	33	...	30
55.	Gedney Dyke	...	...	...	36	...	30	...	30
56.	Leverton	...	...	...	109	...	93	...	29
57.	Moulton Sea's End	...	...		93	...	76	...	29
58.	Whaplode St. Catherines	...	...		22	...	21	...	29
59.	Spalding Council Infants	...	...		116	...	105	...	29
60.	Sutton St. Edmunds Chapel	...	...				
	End	...	...	...	44	...	35	...	29
61.	Swineshead Senior	...	...		174	...	146	...	28
62.	Holbeach Bank	...	...	...	167	...	140	...	28
63.	Gedney Church End	...	...		121	...	111	...	27
64.	Spalding C. of E. Senior	...	...		372	...	336	...	27
65.	Sutton St. Nicholas	...	...		96	...	87	...	26
66.	Crowland Junior	...	...		141	...	129	...	26
67.	Freiston Ings	...	...	...	44	...	35	...	26
68.	Whaplode Shiphay Stow	...	...		104	...	94	...	26
69.	Gedney Hill	...	...	...	59	...	51	...	25
70.	Moulton Chapel	...	...		134	...	115	...	24
71.	Spalding Council Senior	...	...		426	...	347	...	24
72.	Pinchbeck West	...	...		192	...	170	...	24
73.	Wrangle Council	...	...		114	...	107	...	23
74.	Sutton St. Edmunds South	...	...				
	Eau Bank	...	...	...	68	...	60	...	23
75.	Butterwick Boys	...	...		70	...	60	...	22
76.	Crowland Senior	...	...		298	...	267	...	21
77.	Deeping Middle Township	...	...		222	...	184	...	20
78.	Surfleet	...	...	...	151	...	133	...	20
79.	Whaplode Saracens Head...	...	...		62	...	51	...	20
80.	Weston Marsh	...	...	...	31	...	27	...	19
81.	Fleet Wood Lane	...	...		93	...	75	...	19
82.	Benington	...	...	...	87	...	65	...	18
83.	Gedney Dawsmere	...	...		103	...	83	...	18
84.	Holbeach St. Johns	...	...		53	...	49	...	16
85.	Algarkirk	...	...	...	94	...	83	...	16
86.	Weston St. Mary	...	...		81	...	68	...	13

The dental surgeons devoted 71 sessions to inspection and 551 sessions to treatment during the year. At the inspections 8,950 children were examined, of whom 7,667 (86%) were found to require treatment. Of these latter 2,349 (31%) actually received treatment (see pages 49 and 50).

A general anaesthetic was deemed necessary in the treatment of 121 children (all in the southern part of the County), and in each case the anaesthetic was administered by Dr. Ashworth, one of the Assistant School Medical Officers.

During the year 1,095 Toothbrushes were sold (at 3d. each), as also were 1,650 tins toothpaste (at 1d. each) and 6,180 refills of toothpaste (at 3 a 1d.).

The sum of £102/18/9 was received as payment for treatment given.

The following are the reports of the two School Dentists on the work in their areas :—

Mr. Pickles reports on the work in the north of the county as follows :—

“ I have much pleasure in submitting my report on the School Dental Service for the north of the County.

During the year, 3,365 children have been inspected for dental defects. Of these, 2,843 were found to require treatment and 913 were actually treated. Unsatisfactory though this acceptance is, it is partly due to the fact that an increasing number of children who have accepted treatment previously have sound mouths at the next inspection, while those with defective ones are not coming forward to take their places as readily as could be expected. This is in spite of the efforts that have been made to educate the children in dental matters by means of the lectures and exhibits provided by the Dental Board. These took place towards the end of July, when, unfortunately, several important schools were closed. By applying earlier it has been possible to book the 1934 lectures for June, and it is hoped that some of the schools which were not visited will have the opportunity of hearing them. Though the immediate results of these lectures have not been very encouraging, they were so well planned to arouse the interest of the children that I feel sure they will prove of considerable value when sufficient time has elapsed for their effect to be gauged.

Conservative work has shown an increase this year, in which 668 permanent teeth and 290 temporary teeth were filled and 618 were treated with silver nitrate. This has borne fruit in the decided improvement in the condition of the teeth that I have found at the schools I have inspected on my second circuit.

One thing that has impressed me is the apparent indifference of the people in this area to the facilities that are offered to them for cheap yet efficient dental treatment. They may be willing enough to pay the nominal charge of one shilling to have an aching tooth removed, but only a small percentage attend regularly to have their teeth kept in good order. This casual treatment is of no lasting value, since irreparable damage has usually been done before the child is seen, and whatever work may be done is wasted if it is not followed up from year to year. The whole object of a school dental service is to ensure that all the children accepting it shall leave school with a complete and sound set of teeth, which requires that they attend at least once a year for inspection and any necessary treatment.

In view of these facts I am in agreement that some alterations are necessary in the administration of the service to bring home to the parents the opportunity that is being offered to them. If the casual patient could be eliminated, there would be better facilities for concentrating on giving the best possible treatment to those who accepted it for the whole of their school attendance.

With this goal in view, I have been investigating the possibilities of the provision of an orthodontic scheme for this area. Though the number of children requiring this mechanical straightening of the teeth is quite small, it would be of great benefit in certain cases. The chief obstacles seem to be the large area over which they are scattered and the cost of the appliances, which would be approximately 30/- per child, though neither of these should be insurmountable.

I have found that the use of a local anaesthetic for filling operations that are likely to be painful has met with considerable success, and it is much appreciated by the children. It is to be hoped that its more general use will assist in popularising the service.

I should like to thank Miss Simpson and the School Teachers for their co-operation in my work."

Mr. Hendry reports on the work in the south of the County as follows :—

" During the year ended 31st December, 1933, 45 sessions were devoted to inspections and 357 sessions to treatment. The total number of children inspected was 5,585, and of this number 4,824 were referred for treatment.

Most disappointing still is the number actually accepting treatment, and the predominating cause is the lack of interest on the part of the majority of parents. In a very large number of cases of children referred for treatment, the merest speck of disease was the cause of reference, but sufficient to render the child unhealthy from a dental point of view. The parents of such children do not seem to realise that to check the disease in its early stages is to safeguard the health of the child.

They prefer to take, what is for them, the line of least resistance by forgetting about the reference to the child's teeth, until the time arrives when an attack of violent toothache drives the child and them nearly to distraction. A few then realise their responsibility to the child and avail themselves of the treatment the service provides, but the majority prefer to carry on in ignorance.

I am fully convinced that extensive propaganda must be engaged in, in order to try to enlighten these people and rouse them to a sense of responsibility.

A series of talks to the children was given during the summer months, when the Dental Board of the United Kingdom kindly placed two able Lecturers at the County's disposal. A large number of schools was visited and the children were obviously interested, and I have no doubt benefited considerably. In my opinion this ought to be incorporated in the annual scheme of events, and every school child in the County should have an opportunity of seeing and hearing the demonstrations.

Every endeavour is being made by the Dental Board to aid practical dentistry to overcome dental disease by the spread of propaganda. Public bodies can further this work of nation-wide importance by co-operating with the Board as much as possible.

In order to try to overcome the prejudice of most parents to fillings in temporary teeth, the silver nitrate method of conservation was pursued throughout the year and 790 temporary teeth were treated in this way.

Nitrous Oxide was administered by Dr. Ashworth in 121 cases for the extraction of both permanent and temporary teeth. I endeavoured to extend this method of treatment as much as possible, but was handicapped by the fact that Spalding is difficult to get at from all the outlying districts. This difficulty could be overcome by establishing dental clinics at other centres, such as Holbeach, Long Sutton and Crowland.

On leaving the County, I should like to tender my thanks for the help accorded to me in my work by all who are responsible for the administration of the Public Health services, and to express my appreciation in particular of Miss Tenney's valuable assistance."

IX.—Open-air Education.

There are no open-air schools in the area, but in many schools lessons are given in the playgrounds during the summer months.

X.—Physical Training.

During the year, a visit was made to Boston by Capt. Goddard, the Board of Education Inspector for Physical Training. A demonstration of modern methods of physical training was given to teachers, and considerable interest in the subject was aroused. Now that physical training instruction is escaping from the rigid traditions of the military parade ground into the reasonable flexibility of a physiological environment one must congratulate those teachers who, whilst in the past were apathetic, are now enthusiastic in their desire to undertake physical instruction. Nothing but good can come from instruction on modern lines, and it is to be hoped that the course to be held in the parts of Holland will be well attended by the teachers.

XI.—Provision of Meals.

Sections 82—85 of the Education Act, 1921, are not administered.

During the year one school in the County started the provision of midday hot meals. This was at Donington, and is the only School in the County undertaking this work. It commenced in November, and the meals were provided on Tuesdays and Thursdays by the new Headmaster, who had had experience of midday hot meals in another area, and had seen the benefit derived from them. The children are charged 3d. for the meal, which consists of meat, 2 vegetables and a sweet, and no financial loss is shown. The numbers availing themselves of these facilities were small at first, but slowly increased, and the Headmaster is to be congratulated upon his enterprise and interest in the physical well being of his school children. Such work means sacrifice on the part of the whole staff of the school and the teachers are deserving of thanks for the spirit they have shown.

In this County, particularly in the very remote schools where almost every child stays for the midday interval, it seems a pity that the senior girls could not undertake the provision and cooking of midday hot meals as part of their educational curriculum. It would be of considerable benefit to the girls' future, and would be of inestimable benefit to the children staying for dinner. The present arrangements at schools are as follows :—

Malted Milk is supplied at	...	...	37 Schools.
Cocoa and/or Malted Milk is supplied at			4 Schools.
Cocoa is supplied at	...	...	37 Schools.

Cooking instruction is being given by qualified instructresses in some of the larger centres, such as Donington, Crowland, Long Sutton and Spalding, and this is an excellent arrangement in every way, but it does not touch the problem of the hot midday meal for the school children.

Many small children have to walk more than a mile to school in the morning and receive nothing but cocoa or malted milk and perhaps a piece of cake until they have walked another mile or so home after school has closed. They may then have a hot meal before going to bed. This

is not a satisfactory method of feeding young growing animals. A special section was inserted into the Education Act by which teachers could not be required to attend to the meals of school children, but no section is there to prohibit them. Now that our knowledge of the value of nutrition has become so widely known, it is to be hoped that more head teachers will take an interest in this very important subject. There is little doubt that the high percentage of attendances recorded at the open air schools are due mainly to the nourishing hot meals provided for the children who attend.

XII.—School Baths.

There are no school baths in the area.

During 1933 there were 14 persons drowned in the County, and of this number 10 persons were between the ages of 10 years and 20 years. This is a matter for the utmost concern, for young and valuable lives are being lost which might well be saved by adequate action.

In an analysis of these 14 deaths, it would appear that 4 fell into rivers or ponds accidentally, 5 were bathing or attempting to bathe, 2 were suicides, and 3 were found drowned. If 2 of the 3 found drowned were assumed to be suicides, we are confronted with a total of 10 deaths which might have been prevented had the young people been properly instructed in swimming. During 1932 there were 8 deaths attributed to diphtheria and whooping cough, in 1933 there were 10 deaths due to accidental drowning ; such figures surely call for action.

On closer inspection of the deaths from drowning it is striking to find that not one of the 10 deaths occurred in Boston. It is surely no coincidence that systematic instruction in swimming is only carried out in the Borough of Boston.

A very large financial question is involved in these deaths, for a considerable amount of ratepayers' money has been expended upon the health and education of these young people. One must be prepared to face the fact that danger

is most to be apprehended during the late adolescent period of life, when the adventurous and fearless spirit is at its height. It is impossible in such a County as this, where drains and rivers are within a few minutes of almost every member of the population, to prevent young people taking the risks associated with bathing. There is therefore only one alternative, they should be taught not only to swim, but given a realization of all the dangers associated with bathing in secluded and remote bathing places.

The cost to the ratepayers of educating a child from five to fourteen years is approximately £100, which means that apart from all other expenditure incurred by way of maintenance to rear these children, there has been some £1,000 expended by the ratepayers for which no return will ever be made. Apart from the health giving properties involved by swimming instruction, and the humanitarian factors involved, this is a matter for earnest consideration

There is no exercise so valuable from a health giving viewpoint as swimming, and, realizing the natural resources of the County in waterways, I am surprised that only one school in the County should have taken advantage of these resources. No doubt a considerable amount of trouble and responsibility is involved in organising such instruction, and financial considerations must be borne in mind if safe bathing places are to be provided, but there is no doubt that these difficulties can be overcome as is amply demonstrated by the arrangements at Surfleet. The Headmaster (Mr. Scott) has kindly given me the following report on the scheme at this school :—

“ When I took over the Headship of this School in October, 1927, I was very surprised to find, that, although a deep river ran past the school, there were but three boys and one girl who could swim.

In the summer of 1928 the idea of teaching the children occurred to me, and I often took two or three of the senior boys for swimming lessons after school hours and during the week-ends. Although the swimming itself was good, the difficulty of entering and leaving the water, and of standing in the mud at the bottom, took a great deal of the enjoyment away. The brushwood too on the banks was dangerous when the children had no swimming shoes.

The matter of providing better arrangements was discussed with the late Vicar (Rev. H. Law James, M.A.) and the ways and means of raising money were gone thoroughly into.

The money was quite easily got together. Each year, at the Reservoir, swimming sports were held and a collection taken. Half the proceeds were given to Johnson Hospital and half to the Surfleet School. The money given to the school was used for the purpose of providing a free tea for the children and for games material. I thought the money might be put to better use, and suggested to the Vicar that the £25 in hand might be used for the purpose of building a wooden structure of some kind so that the swimming instruction could be improved.

The Glen Trustees were approached and they agreed properly to construct a bathing place opposite the School, the cost to be defrayed from the School Fund. This was done in 1930. Last season, 1933, a diving board was added.

In the school at present there are

18 boys and 17 girls who can swim.

12 boys and 3 girls who can dive off the board.

In addition to the above, there are 20 children who can just go a little way—a few strokes—and these will be swimmers next season.

Swimming instruction is given by the Head Teacher after school each day when fit. Two of the lady teachers have learnt and are making good progress.

Several of the boys are now really glorious to watch—their action is so lovely.

The boys change in the cycle shed—the girls change in the lobby.

The children love it and look forward very eagerly to swimming time.”

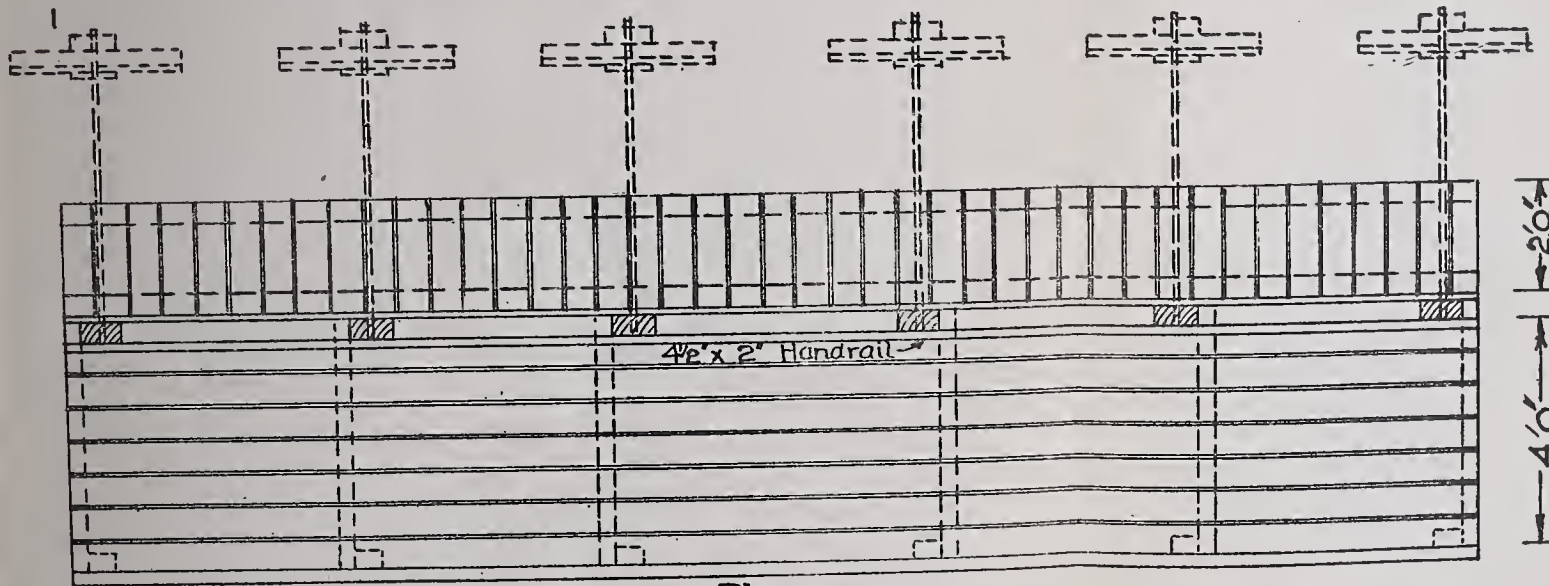
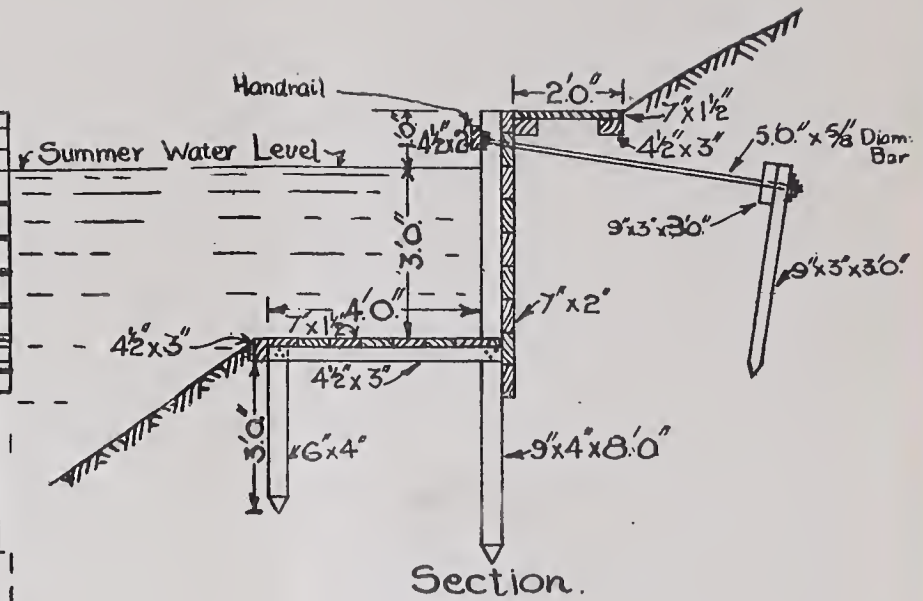
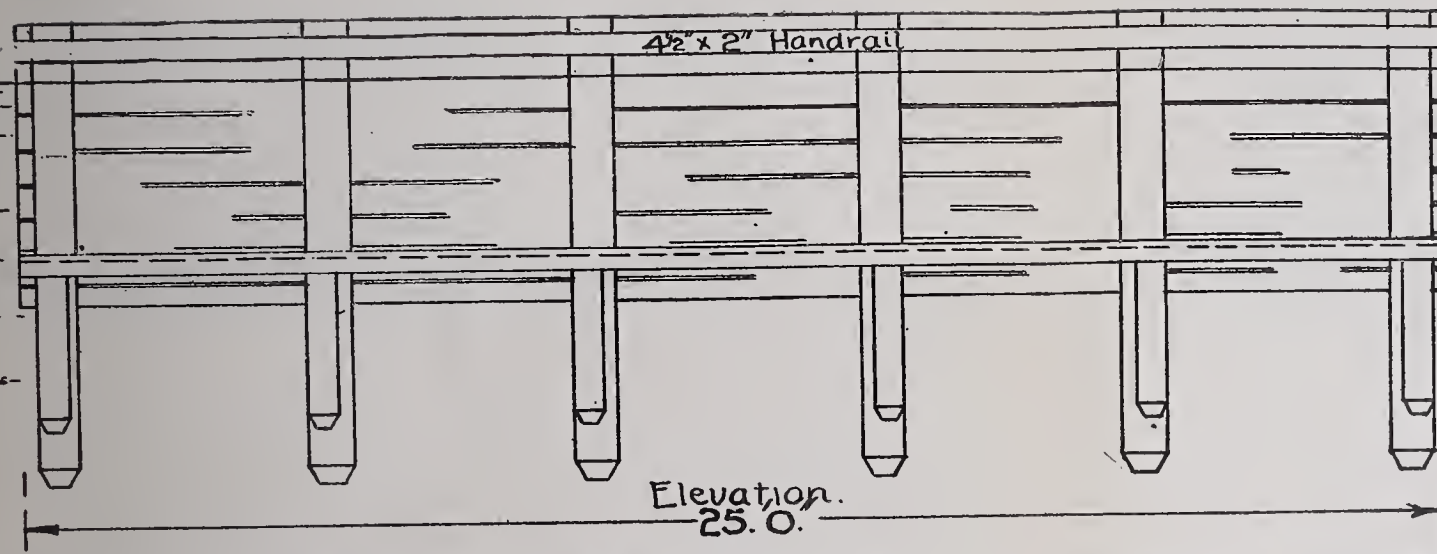
A plan of the bathing place is enclosed and the cost was :—

	£	s.	d.
Diving Board 		15	0
All other work (done by River Authorities)	26	16	2
	<hr/>		
	£27	11	2
	<hr/>		

Knowing the power and influence of the Headmaster in the rural areas, I do not feel that it would be asking too much to suggest that this influence might be used to secure similar provisions in other areas.

A girl of 11 years at Fishtoft School was presented with the bronze medal and the certificate of the Royal Humane Society in recognition of her bravery in rescuing one of her school fellows from drowning in August, 1933. She was the only one of a party of three girls who could swim. The other two girls getting out of their depth and being in difficulties, the girl, Marjorie Ulyatt, brought one of the girls to safety, the other unfortunately being drowned. A boy of seventeen was forced to stand by quite helpless in the face of this emergency, through his inability to swim. At the presentation of the medal to Marjorie Ulyatt, the Chairman of the Education Committee (Alderman T. Kitwood) remarked that if this brave deed gave encouragement to any to take up swimming, then it had not been in vain.

There is probably no area in the country where swimming instruction is such a necessary part of a child's education ; a coastal county abounding with treacherous creeks, fenland scarred by the razor cuts of deep and hidden drains, and marshland teeming with reeded and remote rivers. To those who have the interests of the children's health and safety at heart, I would plead that some action might be taken.



Bathing Place for
Children near
Surfleet School.

XIII.—Co-operation of Parents, Teachers, School Attendance Officers, and Voluntary Bodies.

Parents. At the routine inspections 2,204 parents were present, this being 24 per cent. of the total number of examinations made.

Teachers. It is a pleasure to record my thanks to the majority of teachers for their sympathetic co-operation in the work of the department.

School Attendance Officers. These officers assist to a certain extent in bringing to the notice of the Medical Officers exceptional children who are not attending school.

Voluntary Bodies. A large number of cases in which children have been persistently unclean or the parents have refused the facilities for treatment have been referred to the N.S.P.C.C., and the Inspector has obtained excellent results.

During the year 107 cases were referred to the Society, with the result that treatment was obtained or conditions materially improved in most cases.

Cases referred to the N.S.P.C.C.	Uncleanliness of head and/or body	...	...	17
	Enlarged tonsils and/or adenoids	...	...	4
	Dental caries	...	...	62
	Defective vision	...	...	7
	Defective Clothing, etc.	...	...	4
	Orthopaedic cases	...	...	9
	Other	...	...	4

The work of the Society in this area continues to be of great assistance to the Local Education Authority.

Blind Children There are eleven totally blind children, five of whom are attending special schools and others are being dealt with during 1934. There are also five partially blind children attending public elementary schools and two other children not attending any school.

Deaf children (including dumb). Nine (9) children come within this category, and of these two (2) are attending certified schools.

Fifty-four mentally defective children are attending elementary schools in the area. There is little need to point out the great handicap these children are to the school teachers and their bad influence on the school as a whole.

Five mentally defective children (ineducable) were referred to the Mental Deficiency Acts Committee.

Special accommodation for such children within the County will probably soon be available.

Dr. N. J. England makes the following interesting report on the subject of mental deficiency :—

“ The chief problems which confront the School Medical Officer in respect of mental deficiency are those of (1) ascertainment, and (2) disposal of defectives.

At present ascertainment is left to the teachers who are required to produce to the Medical Officer children two or more years retarded. This is not really satisfactory. The child who is only slightly retarded is not seen by the Medical Officer with the result that many children with psychological difficulties are left untreated. Only the gross cases of maladjustment are seen when the teacher finds that the child is a nuisance in class. The result is that by the time this latter type of child is seen it is frequently too late to deal effectively with the cause and the child has to be excluded from school, or is later notified to the Local Authority through the Police Court. The remedy is an Intelligence Test for all children, and, if possible, an Education Test as well, carried out at a definite age group, e.g. 8 or 9. All children can then be grouped effectively according to their mental capacity and the sub-normal children examined by the Medical Officer.

The disposal of mental defectives is an even more difficult problem. The lowest grades (imbeciles) are of course excluded, but there are left in the schools children who are low grade mental defectives and others not graded at all, but just classed by the teacher as “ backward.” Nothing much is done for them, as a teacher with a class of forty cannot be expected to give extra time to them. Special schools are out of the question in this county owing to transport and other difficulties. Backward children in the classes hold back the work of the other children as the teacher

cannot help but try and include them in the work of the class. The only solution to the problem seems to be adequate ascertainment first and then special classes in the larger schools, say those of 200 pupils and over. This would not only be to the benefit of the high-grade mental defectives and the backward children, but would react favourably on the normal and superior children, and the classes would speed up once the retarding elements were removed.

Any considerable expenditure of money on mental defectives cannot be looked upon in any other way than as philanthropy, but when mental defectives seriously influence the education of normal children and retard advancement of superior children, expenditure is justified. Not only could the defectives be benefitted, but backward children can be advanced to take their place with normal children ; problems of conduct given intelligent and sympathetic treatment ; and the Police Courts relieved of some future potential criminals

XVIII.—Health Education.

During the year the Dental Board supplied a Lecturer who visited the following schools and gave talks and demonstrations on dental hygiene to the senior children :—

Spalding Council Senior.	Boston Grammar.
Spalding C. of E.	Moulton Grammar.
Spalding Goodfellows.	Spalding High.
Spalding St. John Baptist.	Boston High.
Spalding Willesby.	Spalding Grammar.
Pinchbeck West.	Boston Park Senior.
Pinchbeck East.	Boston Staniland Senior
Holbeach Boys.	Boston St. Nicholas.
Holbeach Girls.	Boston Carlton Road.
Holbeach Bank.	Boston St. Thomas'
Sutton Bridge Senior.	Boston C. of E.
Long Sutton Senior.	Boston Tower Road.
Quadring Cowley's.	Crowland Senior.
Surfleet.	Deeping St. Nicholas M.T.
Donington Senior.	Gosberton Council.
	Gosberton, Clough & Risegate.

The children displayed considerable interest and the teachers were of opinion that the visit was of the greatest value. It has been arranged that a further visit shall be made next year (1934). The only difficulty about these visits is that only the larger schools can be visited, and I

would suggest that in future the Dental Board might allow visits to be made to the more rural schools. It is appreciated that the number of senior children is small but these might be supplemented by parents, who are in the main grossly ignorant of dental hygiene and the necessity for the treatment of their children's teeth.

In October a visit was made to the County by Dr. Harley Williams of the National Association for the Prevention of Tuberculosis. In addition to evening lectures, three afternoon talks were given to school children at Spalding and Boston. These were purely health talks dealing with cleanliness and milk production and no mention was made of tuberculosis. They were greatly appreciated by both teachers and children.

On the 18th November, I gave an address to the National Union of Teachers on "The Problem of the Defective Child in the Elementary School." In view of the "Wood" report and the antagonisms on the part of the rural parent to special education for many of the physically defective, it was felt that the subject would be one of some interest to the teachers. In view of the title of the address and the fact that the date clashed with that of an important school football match, the attendance was agreeably surprising. A discussion followed and the interchange of views was of considerable assistance.

XIX.—Secondary Schools.

There are six Secondary Schools in the County and facilities for medical inspection and treatment to a limited extent is provided by the Education Committee in all these schools. The list is as follows :—

Boston High School (girls)	} Provided by the Authority.
Spalding High School (girls)	
Donington Grammar School (boys and girls)	} Aided by the Authority.
Boston Grammar School (boys)	
Spalding Grammar School (boys)	
Moulton Grammar School (boys)	

Medical inspections are held termly and apply to all pupils irrespective of whether they are fee-paying or not. Each pupil has a full medical inspection at the age of twelve and fifteen and any defects found are reported in writing to the parents. Whilst the regulations of the Board of Education require that all secondary school pupils shall be examined each year, this is not practicable here owing to the lack of sufficient staff.

There are no arrangements for the following up of cases by the School Nurses.

Dental and ophthalmic treatment, also operative treatment for enlarged tonsils and/or adenoids are available on the recommendation of the Head Masters and Mistresses for pupils holding scholarships or free places.

Tables on pages 51—55 show the amount of work done during the year.

TABLE I.
Return of Medical Inspections.
ELEMENTARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.					Total No. Inspected	Grand Total
Entrants	...	...	...	...	1201	
Second Age Group	...	...	...	...	1235	
Third Age Group	...	...	...	...	1196	
					—	3632
B.—OTHER INSPECTIONS.						
Special Inspections	...	...	..	..	203	
Re-inspections	...	...	..	...	5475	
					—	5678
						9310
						—

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect or Disease.						Routine Inspections		Special Inspections	
						No. of Defects		No. of Defects	
						Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment
	Malnutrition					10	44	2	2
Skin:	Ringworm :								
	Scalp					—	—	—	—
	Body					1	—	—	—
	Scabies					1	—	—	—
	Impetigo					13	2	8	1
	Other Diseases (Non-Tuberculous) ..					42	38	4	1
Eye	Blepharitis					37	8	2	4
	Conjunctivitis					5	2	1	1
	Keratitis					—	—	—	—
	Corneal Opacities					—	—	—	—
	Defective Vision (excluding squint) ..					154	151	58	1
	Squint					19	35	—	—
	Other Conditions					9	8	1	2
Ear	Defective Hearing					11	15	5	3
	Otitis Media					3	7	3	—
	Other Ear Diseases					2	5	—	—
Nose and Throat	Chronic Tonsillitis only					31	306	7	4
	Adenoids only					3	15	—	—
	Chronic Tonsillitis and Adenoids ..					46	149	44	—
	Other Conditions					1	11	3	—
	Enlarged Cervical Glands								
	Non-Tuberculous					10	191	—	1
	Defective Speech					7	24	3	1
Heart and Circulation	Heart Disease :								
	Organic					2	6	—	—
	Functional					2	11	—	1
	Anaemia					7	2	—	1
Lungs	Bronchitis					38	81	8	4
	Other Non-Tuberculous Diseases ..					1	4	—	—

TABLE II.—Continued.

Tuber- culosis	{	Pulmonary, Definite	..	..	..	1	—	—	—
		Suspected	..	..	..	7	3	3	—
		Non-Pulmonary:							
		Glands	..	..	..	1	5	—	—
		Bones and Joints	..	..	..	1	2	—	—
		Skin ..	..	..	..	—	—	—	—
		Other Forms	..	..	..	—	1	—	—
Ner- vous System	{	Epilepsy	..	..	..	1	2	—	—
		Chorea..	..	..	..	2	3	—	—
		Other Conditions	..	..	..	3	16	1	1
Deform- ities	{	Rickets	..	..	..	13	18	—	—
		Spinal Curvature	..	..	..	4	98	1	—
		Other Forms	..	..	..	6	10	—	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)						56	39	11	2

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT
ROUTINE MEDICAL INSPECTION TO REQUIRE
TREATMENT.

(EXCLUDING UNCLEANLINESS AND
DENTAL DISEASES.

Group.	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment.	
PRESCRIBED GROUPS:			
Entrants	1201	177	15
Second Age Group	1235	193	16
Third Age Group	1196	164	14
Total (Prescribed Groups)	3632	534	15
Other Routine Inspections	—	—	—

TABLE III.

Return of all Exceptional Children in the Area.**CHILDREN SUFFERING FROM MULTIPLE DEFECTS.**

Mental Defect and Epilepsy	...	...	2
Mental Defect and Cripple	...	...	1
			<hr/>
			3
			<hr/>

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
5	—	—	6	11

PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At Other Institu- tions	At no School or Institu- tion.	Total
—	—	5	—	2	7

DEAF CHILDREN.

At Certified Schools for the Deaf	At Public Elementary Schools	At Other Institutions.	At no School or Institution	Total
2	4	—	—	6

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf.	At Public Elementary Schools	At Other Institu- tions	At no School or Institu- tion.	Total
—	—	3	—	—	3

TABLE III.—(Continued).

MENTALLY DEFECTIVE CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions	At no School or Institution.	Total
—	54	—	4	58

EPILEPTIC CHILDREN.

At Certified Special Schools.	At Public Elementary Schools	At Other Institutions	At no School or Institution.	Total
--	1	—	6	7

PHYSICALLY DEFECTIVE CHILDREN.**A. TUBERCULOUS CHILDREN.****I. CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution	Total
—	28	7	8	43

II. CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	21	9	4	34

TABLE III.—(Continued).

B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions	At no School or Institution.	Total.
—	139	1	6	146

C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	70	2	4	76

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	4	—	5	9

TABLE IV.

Return of Defects Found and Treated during the Year.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

(EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP VI.).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise	Total
Skin :—			
Ringworm—Scalp	21	—	21
Ringworm—Body	8	2	10
Scabies	2	1	3
Impetigo	150	11	161
Other Skin Diseases	111	5	116
Minor Eye Defects—			
(External and other, but excluding cases falling in Group II.) ..	99	5	104
Minor Ear Defects.. .. .	41	3	44
Miscellaneous—			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	255	1	256
Total	687	28	715

GROUP II.—DEFECTIVE VISION AND SQUINT.

(Excluding Minor Eye Defects treated as
Minor Ailments—Group I.)

Defect or Disease.	No. of Defects dealt with.			
	Under the Authority's Scheme	By private practioner or at hospital apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint)	367	28	54	449
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ..	5	2	4	11
Total	372	30	58	460

Total number of children for whom spectacles were
prescribed :—

(a) Under the Authority's Scheme ... 301

(b) Otherwise 51

Total number of Children who obtained or received
spectacles :—

(a) Under the Authority's Scheme ... 301

(b) Otherwise 51

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment	Total number treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
129	25	154	51	205

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.			Otherwise.			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an Orthopaedic Clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an Orthopaedic Clinic	
Number of Children treated	—	—	—	—	5	—	5

GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentists :

Aged :

Routine Age Groups	5.	980	Total	8,922
	6.	957		
	7.	901		
	8.	1006		
	9.	1007		
Specials	10.	1049	Grand Total	8,950
	11.	1036		
	12.	1026		
	13.	907		
	14.	53		
Specials		28
Grand Total		8,950

(b)	Found to require treatment	...	7,667
(c)	Actually treated	... ..	2,349
(2)	Half-days devoted to :—		
	Inspection	... .. 71	
			Total 622
	Treatment	... .. 551	
(3)	Attendances made by children for treatment,		4,658
(4)	Fillings :—		
	Permanent teeth	... 2,248	
			Total 3,532
	Temporary teeth	... 1,284	
(5)	Extractions :—		
	Permanent teeth	... 459	
			Total 2,740
	Temporary	... .. 2,281	
(6)	Administrations of general anaesthetics for extractions	121	
(7)	Other operations :—		
	Permanent teeth	... 207	
			Total 1,615
	Temporary teeth	... 1,408	

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	... ..	6
(ii)	Total number of examinations of chil- dren in the Schools by School Nurses		36,724
(iii.)	Number of individual children found unclean	... ..	1,105
(iv.)	Number of children cleansed	...	462
(v.)	Number of cases in which legal pro- ceedings were taken :—		
	(a) Under the Education Act, 1921		Nil.
	(b) Under School Attendance Bye-laws		1

TABLE I.

Return of Medical Inspections.

ROUTINE MEDICAL INSPECTIONS.

SECONDARY SCHOOLS.

					Total	Grand Total.
A.—CODE GROUPS.						
Entrants	...	...	...	...	243	
Pupils attaining 15 years			...	...	133	
					—	376
B. OTHER GROUPS.						
Special Inspections	...	...	...	...	13	
Re-inspections	...	...	...	...	299	
					—	312
						<hr/> 688 <hr/>
Parents present	...	...	...	...	121	

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

SECONDARY SCHOOLS.

TABLE II.

Defect or Disease.						Routine Inspections		Special Inspections	
						No. of Defects		No. of Defects	
						Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment
	Malnutrition	1	—	—	—				
	Impetigo	1	—	—	—				
	Skin Disease (Non-Tuberculous)	—	2	—	—				
Eye	{ Blepharitis	1	1	—	—				
	{ Defective Vision (excluding Squint)	34	30	4	—				
	{ Squint	—	1	1	—				
	{ Other Conditions	3	2	1	—				
Ear	{ Defective Hearing	—	3	—	—				
	{ Otitis Media	—	2	—	—				
	{ Other Conditions	1	1	—	—				
Nose and Throat	{ Chronic Tonsillitis only	7	33	1	—				
	{ Adenoids only	—	1	—	—				
	{ Chronic Tonsillitis and Adenoids	4	7	—	—				
	{ Other Conditions	1	1	—	—				
	Enlarged Cervical Glands (Non-Tuberculous)	2	3	—	—				
	Teeth—Dental Diseases	92	—	1	—				
Heart and Circulation	{ Heart Disease : Organic	—	4	—	—				
	{ Functional	—	5	—	—				
	{ Anaemia	1	1	—	—				
Lungs	{ Bronchitis	—	2	—	—				
	{ Other Non-Tuberculous Diseases	—	1	—	—				
	Nervous System	—	1	—	—				
	Glands	—	1	—	—				
Deformities	{ Rickets	—	—	—	—				
	{ Spinal Curvature	4	3	—	—				
	{ Other Forms	2	10	—	—				
	Other Defects and Diseases	13	13	1	—				

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT.

(Excluding Uncleanliness and Dental Diseases).

Group	Number of Children.		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
CODE GROUPS ;			
Entrants	243	41	17
Attaining 15 years	133	38	29
Total (Code Groups)	376	79	21
Other Routine Inspections	—	—	—

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme	Otherwise	Total
Skin Diseases	—	3	3
Minor Eye Defects—			
External and other, but excluding cases falling in Group II.	—	7	7
Minor Ear Defects	—	—	—
Miscellaneous—			
(e.g., minor injuries, bruises, sores, chilblains, &c... .. .	—	2	2
Total	—	12	12

GROUP II.—DEFECTIVE VISION AND SQUINT.

(Excluding Minor Eye Defects Treated as
Minor Ailments—Group I.)

Defect or Disease.	No. of Defects dealt with.			
	Under the Authority's Scheme.	By private prac- tioner or at hospital apart from the Author- ity's Scheme	Otherwise	Total.
Errors of Refraction (including Squint) ..	37	3	13	53
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	2	—	—	2
Total	39	3	13	55

Total number of children for whom spectacles were
prescribed :

(a) Under the Authority's Scheme ... 30

(b) Otherwise 16

Total number of Children who obtained or received
spectacles :

(a) Under the Authority's Scheme ... 30

(b) Otherwise 16

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment	Total number treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
1	2	3	2	5

GROUP IV.—DENTAL DEFECTS.

(1) Number of Pupils who were :—

(a) Inspected by the Dentists :
Aged :

11.	5	}	Total 25
12.	3		
13.	—		
14.	4		
15.	7	}	
16.	3		
17.	—		
18.	3		

(b) Found to require treatment 25
(c) Actually treated 25

(2) Attendances made by pupils for treatment, 50

(3) Fillings :—

Permanent teeth 39
Total 39
Temporary teeth —

(4) Extractions :—

Permanent teeth 21
Total 29
Temporary teeth 8

(5) Other Operations :—

Permanent Teeth 5
Total 7
Temporary Teeth 2



